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PRINTED: 10/16/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS354AGC 09/10/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3398 BANCROFT CIRCLE SACHELE SENIOR GUEST HOME LAS VEGAS, NV 89121 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) Y 000 Initial Comments Y 000 This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/10/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, one Category I resident and five Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified: Y 151 Y 151 449.204(1)(b) Insurance Pls. Rue attack copy of 10/30/08
liability insurance on page 1.

The administrator is responsible pot that copy of liability insurance chould be on file months.

and reviewed every 6 months. SS=C NAC 449.204 1. A residential facility shall: (b) Maintain a contract of insurance for protection against liability to third persons in amounts appropriate for the protection of residents, employees, volunteers and visitors to the facility. for compliance This Regulation is not met as evidenced by: Based on record review on 9/10/08, the administrator did not maintain a contract of insurance for protection against liability to third OCT 3 0 2008 persons. BUREAU OF LICENSURE AND CERTIFICATION Findings include: LAS YEGAS, NEVADA There was no current liability insurance policy in

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

AMMINISTRATION

(X6) DATE 10/30/08

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B. WING \_\_\_\_\_

09/10/2008

NAME OF PROVIDER OR SUPPLIER

SACHELE SENIOR GUEST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

3398 BANCROFT CIRCLE LAS VEGAS, NV 89121

	LAS VEG	AS, NV 891	121	
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Y 151	Continued From page 1 the facility. Severity: 1 Scope: 3	Y 151		
Y 272 SS=C	NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.  This Regulation is not met as evidenced by: Based on record review and interview on 9/10/08, the facility did not date or keep menus on file for 90 days.	Y 272	Menus were posted, dated and kept on file for 90 days. It administrator, is responsible that menus are posted, dated file for 90 days. will manifor way month to be in compliant	10/20/02 10/20/02
Y 353 SS=E	Findings include:  The facility's posted menu was not dated and previous menus were not kept on file. Employee #3 stated that the facility did not keep a record of its menus.  Severity: 1 Scope: 3  449.222(3) Bathrooms and Toilet Facilities  NAC 449.222  3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers.  This Regulation is not met as evidenced by: Based on observation on 9/10/08, the facility did not ensure grab bars were adjacent to the toilets	Y 353	A fullit safety rail was installed in the toilet seal.  Pls. see attacked picture on page 2.  Lee administrator is responsible that grab bars are installed properly for residents safety will more for randonly for compliance.	olislos ox or

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3398 BANCROFT CIRCLE LAS VEGAS, NV 89121

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Y 353	Continued From page 2 in 1 of 2 bathrooms.  Findings include:  A tour of the facility revealed there was no grab bar for the toilet in the east bathroom.	Y 353		
Y 878 SS≃F	Severity: 2 Scope: 2 449.2742(6)(a)(1) Medication / Change order	Y 878	Resident # 1 is no longer in the facility	
	NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:  (a) The caregiver responsible for assisting in the administration of the medication shall:  (1) Comply with the order.		Resident # 3's Lora zypom  nes connected in the MAM  as ordered by the physician  the PRN was discontinued  9/12/08.  Resident # 4's Temazyom  was corrected and given on the  night time.	8) 10/0
	This Regulation is not met as evidenced by: Based on record review and staff interview on 9/10/08, the facility did not ensure that medications were administered to 4 of 5 residents as prescribed.		Listoppil lad been given to Regident #5 Laily and had 9/1 employee # 3 initialed the MAR sweet time medication i's given.	alo
	Findings include:  Resident #1 - The September 2008 medication administration record (MAR) was reviewed for the		i's giun.	
	resident. The MAR indicated the resident received two tablets of Senna twice a day in			

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Y 878	Continued From page 3  September and in August. The Senna me on site, filled on 7/31/08, indicated three were to be administered twice a day. The been no change to the MAR in July and a physician's order was not in the file.  Resident #3 - The September 2008 MAR reviewed for the resident. The label on the form of Lorazepam indicated that 1.0 mg was taken every eight hours and every two honeeded (PRN); however, the MAR did not the PRN portion of the prescription.  Resident #4 - The September 2008 MAR reviewed. The MAR indicated that Tema was to be given at 8:00PM; on 9/10/08, hemployee #3, initialed that it had been given the resident in the morning.  Resident #5 - The September 2008 MAR reviewed. Lisinopril was listed on the MA had not been initialed by the caregiver form onth of September. Employee #3 states she had given Lisinopril to the resident day had not recorded that she had done so on MAR.  Severity: 2 Scope: 3	was ne bottle to be urs as t reflect  was zepam owever, ven to  was R but the d that aily but	The administrator is responsible that all medical is order by the physician should be followed as preshribed.  Record any changes, initialed in the MAN by the employees and will manifor randowly for compliance	
SS=D	449.2742(9) Medication / Destruction  NAC 449.2742  9. If the medication of a resident is discort the expiration date of the medication of a has passed, or a resident who has been discharged from the facility does not clair medication, an employee of a residential shall destroy the medication, by an accepation of destruction, in the presence of witness and note the destruction of the	resident n the facility table a		

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3398 BANCROFT CIRCLE LAS VEGAS, NV 89121

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Y 885	Continued From page 4 medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.		Resident # 4's expired medication was destroyed by hospice nurse and ordered a new one, deliced ordered a new one, deliced Administrator is responsible that expired medications	9/18/08	
	This Regulation is not met as evidenced by: Based on record review and observation on 9/10/08, the facility did not discard medications for 1 of 5 residents after the expiration date.  Findings include:  Resident #4's medications were reviewed. He box contained a bottle of Morphine that expired June of 2008. The medication administration record (MAR) indicated the resident had not received the medication since its expiration date	r d in	that expired medications phould be also trayed properly and auil none for nandonly to be in compliant.		
Y 921 SS=D	Severity: 2 Scope: 1  449.2748(2) Medication Storage  NAC 449.2748  2. Medication stored in a refrigerator, including without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locker room.	ss	medication sech sox in the repigmator was social social Administrator is responsible and will nonitor monthly for compliance.	9/12/05	
	This Regulation is not met as evidenced by: Based on observation on 9/10/08, the facility dinot ensure medication stored in the refrigerator was kept in a locked box.				

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В.	WING		

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Y 921	Continued From page 5 Findings include:  A tour of the kitchen revealed that the medication box in the refrigerator was not locked. The box contained multiple bottles of medications belonging to residents.  Severity: 2 Scope: 1	Y 921		
YA908 SS=A	NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:  (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.	YA908	Fluticasons Propionale for suriclent #5 was not ordered as PAN pls. per attended physicians order on page 4 a MAR on page 5.  Administrator is responsible that any PAN ordered by the checkmented properly will manifor every month for compliance.	
	This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) on 9/10/08, the facility did not ensure that documentation for as needed (PRN) medications was complete for 1 of 5 residents.			

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YA908	administration recoresident. The MAR receiving Fluticasor PRN. Employee # needed the spray 2 did not contain doct	September 2008 med rd (MAR) was review the indicated the residence Propionate nasals 1 stated that the residence Stated that the residence at times daily, but the umentation regarding inistration, the time of the results of the	ved for the nt was spray dent e MAR g the	YA908	DEFICIENCY)		

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